



## CONTRACTORS STATE LICENSE BOARD

9821 Business Park Drive, Sacramento, California 95827  
Mailing Address: P. O. Box 26000, Sacramento, CA 95826  
800-321-CSLB (2752) or (916) 255-3900  
[www.cslb.ca.gov](http://www.cslb.ca.gov)

STATE OF CALIFORNIA  
Gray Davis, Governor

### APPLICATION FOR JOINT VENTURE CONTRACTOR'S LICENSE

**PLEASE READ INFORMATION ON THE REVERSE BEFORE COMPLETING THE APPLICATION**  
APPLICATION AND INITIAL FEE (for single classification only) - \$400 Additional Classifications - \$50

Application fees are **NOT REFUNDABLE** once an application has been filed. By law, this fee is retained even if the application is rejected. Attach a money order, personal, certified or cashier's check payable to the Registrar of Contractors. **DO NOT SEND CASH.** There will be a \$10 service charge for each dishonored check.

#### TYPE OR PRINT LEGIBLY

1. FULL NAME OF NEW BUSINESS		2. CLASSIFICATION(S) REQUESTED	
3a. MAILING ADDRESS (Number/Street or P.O. Box)	CITY	STATE	ZIP CODE
<i>IF YOU HAVE LISTED A P.O. OR PMB BOX, A PHYSICAL ADDRESS IS REQUIRED. WITHOUT IT, YOUR APPLICATION WILL BE RETURNED.</i>			
3b. BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE
4. BUSINESS TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	

5. We the licensees listed below hereby make application for a joint venture license pursuant to the provisions of Chapter 9, Division 3 of the Business and Professions Code of the State of California. DATE: \_\_\_\_\_

<b>ENTITY 1</b>	Full Name of Business as it appears on the records of CSLB	License Number
Print Qualifier's Name	Signature	Social Security Number
Print Name of Owner, Partner or Officer	Signature	Social Security Number
<b>ENTITY 2</b>	Full Name of Business as it appears on the records of CSLB	License Number
Print Qualifier's Name	Signature	Social Security Number
Print Name of Owner, Partner or Officer	Signature	Social Security Number
<b>ENTITY 3</b>	Full Name of Business as it appears on the records of CSLB	License Number
Print Qualifier's Name	Signature	Social Security Number
Print Name of Owner, Partner or Officer	Signature	Social Security Number

THE FOLLOWING QUESTION PERTAINS TO EACH MEMBER OF THE PERSONNEL WHICH COMPRISE THE COMPANIES LISTED ON THIS APPLICATION.

Is any person listed on this application, or any company with which any person listed on this application, associated with, named in or deemed responsible for any entered and unsatisfied judgments, liens, and/or claims against any bond or cash deposit held on behalf of any contractors, consumers, material suppliers, employees, or the state?    yes ☐    no ☐

**IF YOU ANSWERED YES:** Write a detailed statement identifying the judgments (pending or on record), liens, any past due unpaid bills, claims, suits and an explanation of the situation. Include the names and addresses of the parties involved. If the obligation was or is being discharged in bankruptcy, attach a copy of the bankruptcy filing and a copy the creditors list.

**PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THE APPLICATION**

- A joint venture license is issued to two or more licensed entities (individuals, partnerships, corporations, and other joint ventures) whose licenses are actively renewed and in good standing.
- A joint venture may be issued in any or all of the classifications in which the entities are licensed.
- An acceptable business name must include the full business name of **each** listed entity, part of **each** listed entity's business name or be a completely fictitious business name.
- The fee for a single classification is \$400 (\$250 application fee and \$150 initial license fee). Each additional classification is \$50.
- A contractor's bond or cash deposit in the amount of \$7,500 is required unless a C-53/Swimming Pool classification is requested, which requires a bond or cash deposit in the amount of \$10,000. The bond or cash deposit must list the business name exactly as it is shown on the pending application. An original bond is required. Copies are not acceptable. **The bond or cash deposit must be submitted with the joint venture application.**
- **A Certificate of Workers Compensation or Exemption from Workers Compensation must be submitted with the joint venture application.** The document must be in the same name as shown on this pending application.
- Each entity comprising the joint venture license must be actively renewed and in good standing. Each entity must show their exact business name and license number as it currently appears on the records of the Contractors State License Board. Each entity must have the signature of the existing qualifier listed on our records. In addition, an owner, partner or officer must sign the application.
- The joint venture license will expire two years from the last day of the month in which the license was issued. Each entity license comprising the joint venture must be actively renewed and in good standing before the joint venture license can be renewed.
- The joint venture license will be automatically suspended during any period in which any entity comprising the joint venture does not hold an actively renewed license in good standing.
- Disclosure of your social security number (or federal identification number ("FEIN"), if you are a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

**Before You Mail Your Application**

- ☐ Are sections 1 through 6 on the reverse side completed?
- ☐ Is the application dated?
- ☐ Is each entity listed actively renewed and in good standing?
- ☐ Is the application signed by the correct individuals?
- ☐ Did you submit the correct fees?
- ☐ Did you submit a contractor's bond or cash deposit in the correct amount? Does it show the exact business name as shown in section 1?
- ☐ Did you submit a Certificate of Workers' Compensation Insurance or Exemption from Workers' Compensation? Does it show the exact business name as shown in section 1?

**FOR OFFICE USE ONLY**

App. Fee. No.	ILF Fee	Add. Class Fee No.	Add. Class Fee No.	Add. Class Fee No.	Add. Class Fee No.
No Fee	Tech Initials	Classifications(s)	Reject Date	Granted Date	License No.